



REQUEST FOR STATEMENT OF QUALIFICATIONS:

**SOQ NO. 2014-15-26**  
**PROFESSIONAL CONSULTING SERVICES FOR**  
**INSURANCES**

Due Date: **Wednesday, July 22, 2015 @ 3:00PM CST**

Prepared by:  
Veronica Ramirez, MBA  
Human Resources Director  
July 2015

**Statement of Qualifications**  
C/O Homer Rhodes  
Weslaco City Hall Purchasing Office  
255 S. Kansas Avenue  
Weslaco, Texas 78596

## Statement of Qualifications

The City of Weslaco hereby requests qualification statements for the following:

### **PROFESSIONAL CONSULTING SERVICES FOR INSURANCES**

Qualifications statements addressed to Homer Rhodes will be accepted at the Weslaco City Hall Purchasing Office, 255 S. Kansas Avenue, Weslaco, Texas 78596, until **3:00PM** on **July 22, 2015**. No late statements will be accepted.

**Potential Respondents are advised that the qualification documents can be downloaded from the City of Weslaco web page address: [www.weslacotx.gov](http://www.weslacotx.gov), and may also be secured at the Weslaco City Hall Purchasing Office, 255 S. Kansas Avenue, Weslaco, Texas 78596, or by calling 956.447.2240. Be advised that if your company is contemplating on submitting a statement of qualification for this project you must contact the Purchasing Office, so that any changes/additions via addendum form can be forwarded to your company. (Please include your company name, address, e-mail, telephone and fax, and contact person). No electronic statement of qualifications will be accepted.**

**PLEASE NOTE: CONSULTING SUBMITTERS ARE NOT TO PROVIDE A FEE PROPOSAL WITH THIS SUBMITTAL:** The fee will be negotiated in accordance with the Professional Services Procurement Act, TX. Govt. Code 2254.001, et seq.

Sec. 2254.003. SELECTION OF PROVIDER; FEES. (a) A governmental entity may not select a provider of professional services or a group or association of providers or award a contract for the services on the basis of competitive bids submitted for the contract or for the services, but shall make the selection and award:

- (1) on the basis of demonstrated competence and qualifications to perform the services; and
- (2) for a fair and reasonable price.

(b) The professional fees under the contract may not exceed any maximum provided by law.

If selected as a finalist, you will be asked to make a presentation to the City Council. There is no expressed or implied obligation on the part of the City of Weslaco to reimburse responding firms for any expenses incurred in preparing or presenting a Statement of Qualifications in response to this request.

City of Weslaco  
Veronica Ramirez, MBA, Human Resources Director

## INSTRUCTIONS TO RESPONDENTS

The City of Weslaco "City" is currently seeking to enter into professional services contract with a state licensed consultant for a period of one (1) year. The City is seeking statement of qualifications for a professional consulting service for (but are not limited to) its workers' compensation insurance, employers' liability commercial package (property, general liability/professional, airport, crime, law enforcement, automobile, error and omissions, umbrella, ocean marine, pollution, flood), basic life & accidental death & dismemberment, group health insurance, employee assistance program and 125 cafeteria products.

Sealed envelopes containing Statements of Qualifications will be accepted until **Wednesday, July 22, 2015 at 3:00 P.M.** ANY RESPONSE RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED.

### SOQ NO. 2014-15-26 Professional Consultant Services for Insurances

Deliver Submittal to:  
C/O Homer Rhodes  
Weslaco City Hall Purchasing Office  
255 S. Kansas Avenue  
Weslaco, Texas 78596

**The Submittal Envelope Must Show the Submittal Number, Name and Deadline Date.**

The following outlines the Statement of Qualifications:

### SECTION I GENERAL TERMS AND CONDITIONS

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**ADDITIONAL INFORMATION:** City of Weslaco is requesting that all questions must be submitted in writing via e-mail to: Homer Rhodes, Purchasing Agent, to [hrhodes@weslacotx.gov](mailto:hrhodes@weslacotx.gov). **Written QUESTIONS WILL BE ACCEPTED NO LATER THAN Friday, July 17, 2015 at 1:00 P.M. CST.** Responses will be sent to all applicants via email. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

**RESTRICTIVE OR AMBIGUOUS SPECIFICATIONS:** It is the responsibility of the submitter to review the request for qualifications (SOQ) packet and to notify the Purchasing Department if the specifications are formulated in a manner that would unnecessarily restrict competition.

**NON-COLLUSION:** Submitters, by submitting a signed submission, certify that the accompanying submission is not the result of, or affected by, any unlawful act of collusion with any other person or company engaged in the same line of business or commerce, or any other fraudulent act punishable under Texas or United State Law.

**NON-DISCRIMINATION:** Submitters, during the performance of this contract, will not discriminate against any employee or applicant of employment on the basis of race, color, creed, sex, gender, age, familial status, disability, or national origin unless the basis is a bona fide occupational qualification reasonably necessary to the normal operation of the Submitter.

**CERTIFICATION REGARDING DEBARMENT AND SUSPENSION:** Submitters that are debarred, suspended or otherwise excluded from or ineligible for participation on federal assistance programs may not undertake any activity in part or in full under this project.

**CONFLICT OF INTEREST QUESTIONNAIRE:** Chapter 176 of the Texas Local Government Code requires entities seeking to contract and/or contracting with local government entities, such as cities, for the sale of goods or services, and their agents, to complete, sign and file a Conflict of Interest Questionnaire (Form CIQ) with the City of Weslaco. If the Submitter has a business relationship with the City or with a City Official, the name of the City contact or City Official must be disclosed on the enclosed CIQ Form. If the Submitter of a principal of the Submitter has no business relationship with the City or a City Official, write/type in "none in the form and write/type in the name of the Submitter and person acting for the Submitter and sign the CIQ Form. A blank CIQ

Form is enclosed and should be completed, signed and submitted with your Statement of Qualifications. If you are not sure how to fill in the CIQ Form, contact your attorney for advice.

**\*A sample CIQ Form, to be used ONLY if there is NO business relationship with the City or with a City Official, is included in this packet, see page 11.**

**PROCESSING TIME FOR PAYMENT:** Submitters are advised that a minimum of thirty (30) days is required to process invoices for payment.

**ELECTRONIC TRANSMISSION:** City of Weslaco's Purchasing Department will not accept telegraphic or electronically transmitted submissions.

**PROOF OF FINANCIAL AND BUSINESS CAPABILITY:** Submitters must, upon request, furnish satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these specifications. The City of Weslaco will make final determination as to the vendor's ability.

**SUBMITTER DEFAULT:** The City of Weslaco reserves the right, in case of submitter default, to procure the articles or services from other sources and hold the defaulting vendor responsible for any excess costs occasioned thereby.

**SIGNING OF QUALIFICATIONS:** To be considered all submittals must be signed. **Please sign the original in blue ink.**

**WAIVING OF INFORMALITIES:** City of Weslaco reserves the right to waive minor informalities or technicalities when it is in the best interest of the City of Weslaco.

**SUBCONTRACTING:** The successful submitter may not subcontract the award without the written consent of City of Weslaco's City Commission.

## **SECTION II RESPONSE REQUIREMENTS**

**TECHNICAL RESPONSE:** The required contents and limitation for the preparation of the technical response are described in this section. Failure to provide the requested information or adhere to any state limitations will result in disqualification of the submittal qualifications. A total of **one (1) original and three (3) copies** of the Technical Response shall be submitted to the address on the cover letter.

**CONTENTS:** The required contents for the Technical Response are presented below in the order they should be incorporated into the submitted document.

**UNDERSTANDING THE PROPOSED PROJECT:** This section should demonstrate that the Submitter understands project needs, work required, and any local issues or concerns. This description should be concise, candid, and limited to two (2) pages in length.

**SUBMITTER QUALIFICATIONS:** The City of Weslaco is seeking to contract with a submitter registered to practice in the State of Texas, and whose proposed Consultant has had experience in the following areas:

- Consultant must demonstrate widespread expertise in providing workers' compensation, employer's liability, building, equipment, public official liability, and other insurance consulting services to public entity clients.
- The submitter must be knowledgeable in negotiating fees with benefit vendors, skilled at developing, analyzing and interpreting a variety of data and management reports, and able to provide clear, concise trend analysis.
- The submitter must have demonstrated history with the ability to provide quick responses.
- Consultant must be knowledgeable in negotiating fees with benefit vendors, skilled at developing, analyzing and interpreting a variety of data and management reports
- Consultant must be able to provide clear, concise trend analysis
- Consultant and all submitter employee (s) who will directly provide the services to the City must be currently licensed by the State of Texas, copy of current license must be submitted with qualifications

The Submitter Qualifications will be limited to a one (1) page limitation per consultant experience.

1. Background

The City of Weslaco is a Home Rule municipality located in the center of the Rio Grande Valley in Hidalgo County, with a population of approximately 36,000 and approximately 280 full-time employees. It provides a wide variety of services to citizens and visitors in the Weslaco area. This includes police, public works, community development, building inspections and code enforcement, parks and recreation, and other services.

The City of Weslaco currently has the following coverage's:

<b>Provider</b>	<b>Type</b>	<b>Plan Year</b>
Texas Municipal League Intergovernmental Risk Pool "TMLIRP"	Workers' Compensation, General Liability, Law Enforcement Liability, Errors & Omissions Liability, Auto Liability, Auto Physical Damage. Miscellaneous Medical Professional Liability	October 1 through September 30
Montalvo Insurance	Ocean Marine Coverage Pollution Liability	February 25 through February 25 April 19 through April 19 July 7 through July 7
Dearborn National	Property Coverage, Airport Liability, Crime Life/Accidental Death & Dismemberment	October 1 through September 30 October 1 through September 30
Blue Cross Blue Shield	Medical (The City pays 100% of the employee-only cost, employees are required to pay 100% of the cost for their dependents)	October 1 through September 30
Eyetopia	Vision	March 1through April 30
Lincoln	Dental, Term Life & AD&D	March 1through April 30
Colonial	Hospital Indemnity, Critical Illness, Cancer, Accident plan	March 1through April 30
Unum	Short Term Disability, Long Term Disability	March 1through April 30
New York Life	Long Term Care	March 1through April 30
ING	Universal Life	March 1through April 30

2. General Information

- a. The information contained in these specifications is confidential and is to be used solely in connection with preparing a response to this request for qualifications.
- b. The City reserves the rights to accept or reject in part or in whole any portion of the submitted qualifications, when in its sole judgment such action is deemed necessary and in the best interests of the City. The City also reserves the right to waive and dispense with any of the formalities contained here.
- c. All qualifications are required to be signed by an authorized representative of the entity submitting the qualifications. Unsigned qualifications will not be considered.
- d. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
- e. This schedule will be strictly adhered to:

Wednesday, July 8, 2015	First publication
Wednesday, July 15, 2015	Second publication
Wednesday, July 22, 2015	Sealed qualifications are due at 3:00pm
Tuesday, August 4, 2015	Presentation to City Commission
Wednesday, August 5, 2015	Contract/Service Effective Date

\*\*Upon selection consultant shall immediately commence preparation for request for proposals for selected coverage (to include by not limited to) workers' compensation, employers liability, basic life/accidental death & dismemberment, employee assistance program) to present to the Commission by September 1, 2015 for an effective date of October 1.

- f. This request for qualifications does not commit the City to award the contract or to pay any costs incurred by the submitter in preparation of qualifications in response to this request.
- g. Statement of Qualifications responses must be clearly explained and identified. Exceptions to, or deviations from the specifications must be explicitly identified.

2. Withdrawal of Qualifications  
Qualifications may be withdrawn by written request dispatched for delivery in the normal course of business.
3. Equal Employment Opportunity  
Attention is called to the requirements for ensuring that employees and applicants for employment are not discriminated against because of race, color, religion, sex, familial status, handicap or national origin.

### **SECTION III INFORMATION REQUIRED FOR STATEMENT OF QUALIFICATIONS**

The Statement of Qualifications must address the following criteria:

1. Name of firm, owner, address and telephone number.
  - a. State its principal business location and any other service locations, including the primary office servicing the City; and
  - b. A descriptive background of the consultant's history.
2. Personnel Qualifications
  - a. Consultant is requested to include certifications held by Consultant's personnel, including their personnel's license to provide insurance consulting services;
  - b. Consultant is requested to provide resumes of all staff that will be assigned to the City's account, indicating their level of organizational responsibility, and their roles and responsibilities for the City's account;
  - c. Consultant is requested to list how many other clients this account team provides services for;
  - d. As the City assigns individual projects, successful Consultant shall identify personnel assigned to each specific project requirement;
  - e. Please describe what sets your company apart from other consulting submitters;
  - f. State how long it has been providing services as described herein; and
  - g. Provide the City with a fixed fee maximum stated amount for services provided.
3. References  
Consultant is requested to provide with the Statement of Qualifications a list of at least five (5) references where like services or their submitter has performed similar projects. Include name of the client, address, telephone number and name of representative. In addition, please include all municipalities or other public entities (and number of employees) served by your submitter.
4. Financial Statements  
Consultant is requested to submit recent financial statements with this Statement of Qualifications. Audited financial statements are not mandatory. Unaudited financial statements will be accepted. If the consultant's submitter does, however, have audited financial statements; please include a copy with the response to the Statement of Qualifications. Financial statements must show the name and address of the submitter preparing the financial statements and the date thereof.
5. Scope of Services and Outline of Expected Services  
In order to implement the above program, the Consultant will be expected to (but are not limited to):
  - A. Assign experienced staff immediately upon proposal acceptance to assess the City's insurance needs to and provide recommendations regarding the appropriate types of insurance for the City, the levels of deductible for each policy to provide the best balance of risk limitation and lower premium and such factors as the consultant shall recommend.
  - B. Based on the insurance coverage selected by the City, organize, develop and present to markets the City's insurance coverage requirements and obtain bids from responsible insurers for that coverage. Evaluate those bids and present to the City the package of insurance policy terms, conditions and premiums that best reflects the goals and objectives of the City.

- C. Represent the City, as directed, in any negotiations with insurers or prospective insurers and other parties regarding insurance matters.
- D. Administer claims submittals, if any, from the City in a manner best representing the interests of the City.
- E. Meet with the City at least semi-annually to review the and assure the City maintains appropriate levels of insurance and shall notify the City of any new developments in the industry or markets generally that affect the City in any way or that impact the insurance coverage or policies sought by the City.
- F. Solicit quotes from multiple insurers at the time of any renewal upon request of the City.
- G. Provide the City with an annual report within 45 days of the end of the City's fiscal year, detailing a schedule of the policies in force, the coverage amounts, deductible amounts, premiums paid and fees and commissions (including bonuses or other supplemental, volume or loss-related commissions or payments) received by the agent of record in connection with each policy.
- H. The primary account representative and the account team members for the consultant shall be reasonably available to the City and its staff to address questions related to this account.
- I. Provide such other services related to the insurance coverage as the City may reasonably request.
  - a. Assist the City in creating and maintaining a competitive (cost & plan design) program, and in doing so, provide benchmark data from like entities;
  - b. Review of design;
  - c. Review of utilization;
  - d. Claims analysis including review of large claims;
  - e. Provide funding analysis, financial underwriting, including renewal analysis and negotiation, budget projections, and quarterly reporting of plan's financial performance;
  - f. Evaluate plan design annually, or as required, in light of labor market conditions, cost trends, delivery systems and legal requirements;
  - g. Annually analyze, compare and review fully insured vs. self-insured plans/options;
  - h. Review of current carriers and/or third party administrator's performance;
  - i. Obtain necessary monthly, quarterly and annual reports and data from carriers and/or third party administrators in a timely manner;
  - j. Assist in the monitoring of vendors' quality of service and institute quality standards with penalties for poor performance; and
- J. The City will expect the consultant to *develop a renewal strategy* and provide the following services:
  - a. Conduct annual strategic planning meetings to establish goals, priorities, and identify areas of concern;
  - b. Provide plan design recommendation, with estimated cost implications, for benefit modifications;
  - c. Develop projected funding requirements and funding level analysis/development; and
  - d. Negotiate with carriers and/or third party administrators to obtain favorable renewals.

## **SECTION V – SELECTION AND SCHEDULES**

**SELECTION PROCEDURES:** The Response for Qualifications shall be submitted according to the schedule below.

**RESPONSE RANKING:** A City of Weslaco Selection Committee selected by (and may include) the City Manager will evaluate and score each of the SOQs in accordance with the evaluation criteria. The Selection Committee will present a shortlist of the top three (3) providers based on the evaluation criteria along with their recommended ranking to the City Commission for approval and authorization to continue. The Mayor and City Commission reserve the right to request formal presentations and/or supplemental information from each provider on the shortlist. The Mayor and City Commission may: (1) approve the Selection Committee's ranking

recommendation; or (2) rank the most highly qualified providers from the shortlist based on SOQ responses, formal presentations, and/or supplemental information. The City reserves the right to select multiple providers for multiple projects.

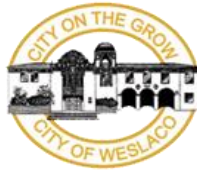
**NEGOTIATION PROCESS:** Negotiations will be initiated with the most highly qualified provider selected by the City Commission to design a detailed scope of work and services including a fee proposal along with a cost breakdown for further consideration. If a mutually satisfactory agreement cannot be reached with the selected provider, negotiations will be formally terminated along with a request to the City Commission requesting authorization to proceed with negotiations with the next most highly qualified provider. This process will be repeated as necessary until a mutually satisfactory agreement is reached. When such an agreement is reached, a recommendation will be made to the City Commission requesting authorization to execute a contract pursuant to the agreement and subject to the availability of funding. The City of Weslaco reserves the right to reject any and all qualifications.

**QUALIFICATIONS SUBMITTED TO:** One (1) original and three (3) copies of the Responses must be submitted, via mail or by hand delivery, to:

City of Weslaco, Purchasing Office  
Attn: Homer Rhodes, Purchasing Agent  
255 S. Kansas Ave.  
Weslaco, TX 78596

Qualifications must be received by **no later than Wednesday, July 22, 2015 at 3:00 P.M. CST**

**EVALUATION:** The evaluation system consists of a 100-point ranking system. The submitters will be short-listed from this evaluation.



## **SELECTION CRITERIA**

### **RESPONSE EVALUATION FORM**

#### **SOQ NO. 2014-15-26 Professional Consultant Surveying Services**

Selection Criteria		*RIF	**Evaluation (Scale 0-3)	Score
1. Professional Qualification of Team	(20 points)	X	( ) =	( )
2. Experience/Ability of Project Manager	(30 points)	X	( ) =	( )
3. Understanding of Project	(40 points)	X	( ) =	( )
4. Familiarity with Applicable Rules and Regulations	(10 points)	X	( ) =	( )
Total	100%	Total Score		_____

Respondent: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

\* The Relative Importance Factor (RIF) is the relative importance (or weight) of each criterion as it relates to the particular project.

\*\* The Respondent is to be evaluated with regard to the selection criteria by each committee member, on the basis of a rating system with the following scale:

- 0 – Does not meet minimum qualifications.
- 1 – Meets minimum qualifications.
- 2 – Meets preferred qualifications.
- 3 – Exceeds preferred qualifications.

## Qualification Form

TO: City of Weslaco 255 S. Kansas Ave. Weslaco, Texas 78596	DATE:
	PROJECT NUMBER: <b>SOQ NO. 2014-15-26</b>
C/O: Homer Rhodes, Purchasing Agent	PROJECT NAME: <b><u>Professional Consultant Services for Insurances</u></b>

1. The undersigned, having submitted a Statement of Qualifications to the City of Weslaco Purchasing Department for the above-mentioned project, certifies that:

(a) The legal name and the business address of the undersigned are:

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(b) The undersigned is : **(Circle One)**

A Single Proprietorship                      A Corporation organized in the State of \_\_\_\_\_

A Partnership                                      Other Organization \_\_\_\_\_

(c) The name, title and address of the owner, partners or officers of the undersigned are:

NAME	TITLE	ADDRESS

(d) The name and addresses of all other persons having a substantial interest in the undersigned, and the nature of the interest are:

NAME	ADDRESS	NATURE OF INTEREST

\_\_\_\_\_  
NAME OF SUBMITTER'S AUTHORIZED REPRESENTATIVE (printed)

\_\_\_\_\_  
SIGNATURE OF SUBMITTER'S AUTHORIZED REPRESENTATIVE



## REFERENCE FORM

**The following information shall be required to accompany all submittals.**

1. Your company's complete business address and phone number.

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

2. A minimum of 5 references (local preferred).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

3. Are you listed in the local phone book? YES / NO

4. List of local municipalities that you have worked for and contact information.

1. City of \_\_\_\_\_ Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of Project(s): \_\_\_\_\_

2. City of \_\_\_\_\_ Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of Project(s): \_\_\_\_\_

3. City of \_\_\_\_\_ Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of Project(s): \_\_\_\_\_

4. City of \_\_\_\_\_ Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Type of Project(s): \_\_\_\_\_

# FORMS

## NOTICE OF INTENT TO SUBMIT A STATEMENT OF QUALIFICATION

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If you intend to submit a statement of qualification for **PROFESSIONAL CONSULTANT SERVICES FOR INSURANCES SOQ No.: 2014-15-26** with the City of Weslaco as outlined in the specifications, please indicate your intention by signing, dating, and returning this form to the address below prior to **Wednesday, July 22, 2015**, so that you may receive any addendums to the specifications should the need arise.

**Homer Rhodes  
Purchasing Agent  
City of Weslaco  
Purchasing Department  
255 S. Kansas  
Weslaco, Texas 78596  
Phone: (956) 447-2240  
Fax: (956) 969-8452  
hrhodes@weslacotx.gov**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(print)

Title: \_\_\_\_\_ Company/Agency: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

RFP No.: 2014-15-26

City of Weslaco

**PROFESSIONAL CONSULTANT SERVICES FOR INSURANCES**

SOQ Opening: Wednesday, July 22, @ 3:00 p.m.

Any and all questions concerning this request for qualifications should be addressed on this form.

Proposal Name: \_\_\_\_\_

Proposal Number: \_\_\_\_\_

Page#: \_\_\_\_\_ Section: \_\_\_\_\_ Paragraph: \_\_\_\_\_

Question: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**RFP NO. 2014-15-26**  
**PROFESSIONAL CONSULTANT SERVICES FOR INSURANCES**

**ANTI-COLLUSION CERTIFICATION**

By submission of this proposal, the Proposer certifies that:

1. This request for qualifications has been independently arrived at without collusion with any other Proposer or with any competitor;
2. This request for qualifications has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;
3. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a proposal;
4. The person signing this request for qualifications certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Date Submitted: \_\_\_\_\_

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Type Signatory's Name: \_\_\_\_\_

Signatory's Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM  
CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176 Local Government Code by a person who has a business relationship as defined by section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offense under this section is a Class C misdemeanor.

## OFFICE USE ONLY

Date Received

**1** Name of person who has a business relationship with local governmental entity.

**2** ☐ Check this box if you are filling an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

FORM  
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A person commits an offense if the person knowingly violates Section 176.006, local Government Code. An offense under this section is a Class C misdemeanor.

**1** Name of person who has a business relationship with local governmental entity.  
**NONE**

**2** ☐ Check this box if you are filling an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

**NONE**

Name of Officer

This section, (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ NA ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ NA ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ NA ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

**4** **COMPANY NAME, SIGNATURE OF BIDDER OR PROPOSER** **DATE**

Signature of person doing business with the governmental entity

Date

\*THIS SAMPLE FORM IS ONLY TO BE USED IF THERE IS NO BUSINESS RELATIONSHIP WITH A CITY OR WITH A CITY OFFICIAL.

# Certification Regarding Debarment and Suspension

U.S. Department of Housing  
and Urban Development

## Certification A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief that its principals;

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency;

b. Have not within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

### Instructions for Certification (A)

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of these regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines this eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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**Certification B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions**

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Instructions for Certification (B)**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms **covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded**, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of these regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph (5) of these instructions, if a participant in a lower covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Applicant		Date
Signature of Authorized Certifying Official		Title

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
				-				

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The treaty number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### Specific Instructions

##### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup> The actual owner <sup>4</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

**REQUEST**

**FOR**

**STATEMENT of QUALIFICATIONS**

**PROFESSIONAL CONSULTANT SERVICES FOR  
INSURANCES**

**SOQ No. 2014-15-26**

**City of Weslaco  
255 S. Kansas  
Weslaco, Texas 78596**

**Sealed SOQ Submission Date: Wednesday, July 22, 2015 at 3:00PM CST**